

**FY 2007 Challenge Cost Share Program  
APPLICATION**

**1. PROJECT INFORMATION.**

CCSP Project Request (Check One):    General ☒ \_\_\_\_\_  
   Trails        ☐ \_\_\_\_\_

Project Title: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**2. NPS APPLICANT INFORMATION.**

Affected Park(s) (Use ALPHA code): \_\_\_\_\_ Regional Office: NER \_\_\_\_\_

Affected Trail, Site, Resource (if not an NPS Unit): \_\_\_\_\_ State (s): \_\_\_\_\_

NPS Project Contact: Lisa Kolakowsky Smith \_\_\_\_\_ Title: Architectural Historian \_\_\_\_\_

Telephone: (215) 597-7946 \_\_\_\_\_ Fax: (215) 597-5747 \_\_\_\_\_ E-mail: lisa\_kolakowsky@nps.gov \_\_\_\_\_

**3. PROJECT PARTNERS.**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Authorized Official: \_\_\_\_\_ Title: \_\_\_\_\_

Congressional District: \_\_\_\_\_

**NOTE:** Letters of support must be submitted from all CCSP project partner(s) as part of this application.

**4. PROJECT SUMMARY.** In the space provided below, summarize the proposed project. Discuss the need(s) met, the role of the partner(s), and specific project deliverables. Do not attach continuation sheets.

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**5. PROJECT BUDGET SUMMARY.** Using the format below, enter the total numbers developed for **Item 12. Budget Narrative**. The **Budget Narrative** must clearly document how the totals below were determined.

<b>BUDGET SUMMARY</b> Enter category totals here			
Category	CCSP Funds	Match/Cost Share	Total
<b>1. Personnel</b>	\$	\$	\$
<b>2. Fringe Benefits</b>	\$	\$	\$
<b>3. Consultant Fees</b>	\$	\$	\$
<b>4. Travel and Per Diem</b>	\$	\$	\$
<b>5. Supplies and Materials</b>	\$	\$	\$
<b>6. Equipment</b>	\$	\$	\$
<b>7. Construction/Conservation Materials</b>	\$	\$	\$
<b>8. Other</b>	\$	\$	\$
<b>TOTAL PROJECT COSTS.</b>	\$	\$	\$

**6. ROLE OF PARTNER(S)**

Will CCSP funds be transferred by NPS to Partner through a Cooperative Agreement? YES   X   NO         
Will CCSP funds be transferred by NPS to Partner through a Contract? YES        NO   X  

If the answer to both questions is "NO," explain will the CCSP funds be transferred.   N/A  

What are the sources of the non-Federal matching share? In the space provided below, list the sources and amounts of the required dollar-for-dollar non-Federal matching share. Is the matching share secured and available? If no, please explain.

**7. AUTHORIZED SIGNATURE**

The appropriate Regional Director or Park Superintendent must sign and date this form signifying his/her support of this proposal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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**8. CRITICAL NEED.** In the space provided below, describe the critical need or needs being addressed.

**9. PARTNER PARTICIPATION.** In the space provided below, describe how the partner(s) will participate in the success of this project.

**10. TARGET AUDIENCE.** In the space provided below, describe the target audience affected by this project.  
Provide numbers if relevant.

**11. PRODUCTS.** In the space provided below, describe the tangible results or product(s) that will be in place at the end of the project.  
As appropriate, provide critical numbers as in people trained, copies of publications distributed, resources preserved, etc.

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**12. PROJECT BUDGET NARRATIVE.** Using this budget format, outline the project budget (expand the fields as necessary). Each subtotal entered in **Item 5. Project Budget Summary** must be derived from the information in this section. Each cost item must clearly show how the total charge for that item was determined.

**Please note:** This budget narrative must include the minimum required match (e.g., if applying for \$30,000 CCSP funds, the budget must show a minimum of \$30,000 non-Federal match provided by partners). Federally appropriated funds **may not** be used for match. All non-Federal matching share must be contributed during the project period, which begins when the cooperative agreement and/or contract is signed by both the National Park Service and the project partner.

<b>1. Personnel.</b> Provide the names and titles of key project personnel. Please note that CCSP funds may not be used to pay Federal employee salaries, nor may Federal salaries be used as match/cost share.				
Name/Title of Position	Wage or Salary	CCSP Funds	Match /Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$
<b>2. Fringe Benefits.</b> If more than one rate is used, list each rate and the wage or salary base.				
Rate	Salary or Wage Base	CCSP Funds	Match / Cost Share (if any)	Total
% of	\$	\$	\$	\$
Subtotal		\$	\$	\$

<b>3. Consultant Fees.</b> This should include payments for professional and technical consultants participating in the project.					
Name and Type of Consultant	# of Days	Daily Rate of Compensation	CCSP Funds	Match/Cost Share (if any)	Total
		\$	\$	\$	\$
Subtotal			\$	\$	\$

<b>4. Travel and Per Diem.</b> Indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs.							
From/To	# of People	# of Travel Days	Subsistence Costs (Lodging and Per Diem)	Transportation Costs (Airfare and Mileage)	CCSP Funds	Match/Cost Share (if any)	Total
					\$	\$	\$
Subtotal					\$	\$	\$

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**5. Office Supplies and Materials.** Include consumable supplies and materials to be used in the project and any items of expendable equipment, i.e., equipment costing less than \$500 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in the Equipment category (Category 6, below).

Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
		\$	\$	\$
Subtotal		\$	\$	\$

**6. Equipment.** List all equipment items in excess of \$500. Items worth less than \$500 or that have a useful life of less than two years must be listed in the Supplies and Materials category (Category 5, above).

Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

**7. Construction/Conservation Materials.**

Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

**8. Other (specify).**

Item	Cost	CCSP Funds	Match / Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

## PROJECT COMPLETION FORM

### FY 2007 Challenge Cost Share Program

The Final Project Report is used to monitor the progress of the activity at the end of the project period. Attach additional sheets (as necessary) to answer questions 4-9.

1. Project Title: \_\_\_\_\_
2. NPS Park/Trail/Resource Name: \_\_\_\_\_
3. Partner(s): \_\_\_\_\_
4. Briefly describe the work performed with this award.
5. Describe any differences between the planned and actual results of the project.
6. Briefly provide a final Work-Cost Budget breakdown.
7. Describe reasons for any differences between the planned and actual work-costs.
8. Briefly provide a final listing of the matching share that was used to complete the assisted work. Report the donor of the match, the amount, and the type of match (cash, donated labor, donated materials, etc.)
9. If any publications (books, pamphlets, posters, videotapes, slide or tape shows, or transcripts) were produced by or about this award, enclose three copies with this Final Project Report.
10. Certification by Site Manager (or SO Superintendent) and Partner: I certify that this project was successfully completed in a manner consistent with the stipulations of our CCSP application and agreement.

Site Manager or SO Superintendent:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Typed Name \_\_\_\_\_ Title \_\_\_\_\_

Partner:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Typed Name \_\_\_\_\_ Title \_\_\_\_\_

## PROJECT STATUS FORM

### FY 2007 Challenge Cost Share Program

The Project Status Report is used to monitor the progress of the activity at the end of each fiscal year that the project is not complete.

1. Project Title: \_\_\_\_\_
2. NPS Park/Trail/Resource Name: \_\_\_\_\_
3. Partner(s): \_\_\_\_\_
4. State what planned results or deliverables have been completed:
5. Explain the reason(s) for the delay:
6. CCSP funds expended: \_\_\_\_\_
7. Matching funds expended: \_\_\_\_\_
8. What results or deliverables remain to be completed:
9. What, if any, changes to results or deliverables are you requesting, and why:
10. Revised completion date: \_\_\_\_\_
11. Certification by Site Manager (or SO Superintendent) and Partner: I certify that this project was successfully completed in a manner consistent with the stipulations of our CCSP application and agreement.

Site Manager or SO Superintendent:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Typed Name \_\_\_\_\_ Title \_\_\_\_\_

Partner:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Typed Name \_\_\_\_\_ Title \_\_\_\_\_